

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036276

STATE FILE NUMBER 4774

FILED OCT 29 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4774

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3118 East 11th		Length of stay in lb 4 YRS	d. STREET ADDRESS (If outside, give location) 3118 East 11th
3. NAME OF DECEASED (Type or print) First Middle Last William JAMES BOURGEOIS			4. DATE OF DEATH Month Day Year Oct 7 1958
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUG 31-1869
9a. USUAL OCCUPATION (Give kind of work done the most of working life, even if retired) TRUCK FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	9. AGE (In years at birthday) 89
11a. USUAL OCCUPATION (Give kind of work done the most of working life, even if retired) TRUCK FARMER		11b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and state or country) ILL. PRAIRIE DW ROCHER
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Eugene BOURGEOIS	
14. MOTHER'S MAIDEN NAME Henriette DE FRENNE		14. NAME OF HUSBAND OR WIFE MARY ROSA BOURGEOIS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, if unknown) (If yes, give year or years of service) No NONE		16. SOCIAL SECURITY NO. NONE	17. INFORMANT Address Mrs. H.M. Roberts 5100 Foster
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Arteriosclerosis DUE TO (b) Generalized Arteriosclerosis DUE TO (c) Malnutrition PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 4 hrs
19a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Oct. 6 - 58 to Oct 7, 1958 and last saw her alive on October 7, 1958 Death occurred at Oct 7 pm on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Otto W. Theel M.D.		22b. ADDRESS 4501 Main St KCMO	
22c. DATE SIGNED 10-10-58		22d. DATE SIGNED	
23a. BURIAL, CREMATION REMOVAL		23b. DATE Oct 9-1958	
23c. NAME OF CEMETERY OR CREMATORY St. Joseph Cem.		23d. LOCATION (City, town, or county) (State) Shawnee KANSAS	
24. FUNERAL DIRECTOR Gates FUNERAL Home		25. DATE RECD. BY LOCAL REG. 10-10-58	
26. REGISTRAR'S SIGNATURE K.R. KAN		26. REGISTRAR'S SIGNATURE neva minshall	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

3401 Teller
4301 main Wel 3199

1.00



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Paul R. Williams

Licensed Embalmer No. 5009

P. O. Address Overland

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.